

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0949073	NEWINGTON VA MEDICAL CENTER-BUILDING 2E			NTNC	335	F	SWP	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE			Connections		1			
Towns Served: NEWINGTON								

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Asbestos (1094)		1 routine (RT) per nine years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		
Lead And Copper (PBCU)		10 routine (RT) per six months	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 12/31/25		Complete
	1/1/26 - 6/30/26		
	7/1/26 - 12/31/26		
Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **TREATMENT PLANT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
Orthophosphate	<spaces> ( )	Maximum: 3.0 MG/L	2	
<b>Start Date:</b> 8/1/2021		<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
		8/1/2025 - 8/31/2025		
		9/1/2025 - 9/30/2025		
		10/1/2025 - 10/31/2025		
		11/1/2025 - 11/30/2025		
		12/1/2025 - 12/31/2025		
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Minimum: 1.5 MG/L	2	
<b>Start Date:</b> 8/31/2021		<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
		8/1/2025 - 8/31/2025	Y	
		9/1/2025 - 9/30/2025	Y	
		10/1/2025 - 10/31/2025	Y	
		11/1/2025 - 11/30/2025	Y	

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0949073	NEWINGTON VA MEDICAL CENTER-BUILDING 2E			NTNC	335	F	SWP	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE					1			

Towns Served: NEWINGTON

Water System Facility: **TREATMENT PLANT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Minimum: 1.5 MG/L	2
Start Date: 8/31/2021	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	12/1/2025 - 12/31/2025	Y	

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CCTS 6: PWS MONITOR AFTER OCCT INSTALL	6/30/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	2E-1103	FLOOR 1 MENS BATH 1	A	Y	2	Y	Y
		2E-1105	FLOOR 1 MENS BATH 2	A		2		
		2E-1112	RECEPTION BATH	A		2		
		2E-1180	WALK-IN BATH	A		2		
		2E-1198B	WAITING ROOM MENS	A		2		
		2E-2113	BLDG #2E 2ND FLOOR	A	Y	2	Y	Y
		2E-2136B	DERMATOLOGY BATH	A		2		
		2E-2148	BREAK ROOM SINK	A		2		
		2E-2154	FLOOR 2 STAFF BATH	A		2		
		2E-2155	FLOOR 2 PATIENT BATH	A		2		
		2E-3103	FLOOR 3 BATH 1	A		2		
		2E-3107	FLOOR 3 BATH 2	A		2		
		2E-4100B	BENEFITS MENS BATH	A		2		
		2E-4111	BLDG #2E EXEC DINING	A	Y	2	Y	Y
		2E-B109	BASEMENT MENS BATH	A		2		
		2E-B118	LAB SINK	A		2		
		2E-B130	BLDG 2E BSMT LOCKER	A	Y	2	Y	Y
		2E-B130A	2E-B130A	A	Y			
		2E-B131A	2E-B131A	A	Y			
		2E-B135B	BLDG #2E PO4/ZN	A	Y	2	Y	Y
		4	DISTRIBUTION SYSTEM	A	Y			
		CAFE1	SERVING HAND SINK	A		2		
		CORR C2-3	HALLWAY HANDSINK	A		2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	TREATMENT PLANT	3	TREATMENT PLANT	A				
58542	INTERCONNECTION - CT0640011 - MDC							

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0949073	NEWINGTON VA MEDICAL CENTER-BUILDING 2E			NTNC	335	F	SWP	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE			Connections		1			
Towns Served: NEWINGTON								

### Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 00700)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2028

### Contact Information

Name				Organization			Job Title		
Ms. Jennifer A. Bourque				Va CT Healthcare System			Executive Assistant		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
950 Campbell Avenue						West Haven		CT	06516
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-932-5711		3888	203-934-4795				jennifer.bourque@va.gov		

Contact Role(s): **Administrative Contact**

Name				Organization			Job Title		
Dr. Becky D. Rhoads				Va CT Healthcare System			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
950 Campbell Avenue			M.S. 001			West Haven		CT	06516
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address	
203-932-5711		3888	203-934-4795					Becky.Rhoads@va.gov	

Contact Role(s): **Legal Contact**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0949053	NEWINGTON VA MEDICAL CENTER-BUILDING 1			NTNC	110	F	SWP	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE			Connections		1			
Towns Served: NEWINGTON								

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Asbestos (1094)		1 routine (RT) per nine years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		
Lead And Copper (PBCU)		10 routine (RT) per six months	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 12/31/25		Complete
	1/1/26 - 6/30/26		
	7/1/26 - 12/31/26		
Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		
Water Quality Parameters Orthophosphate and Total Alkalinity (WQP9)		2 routine (RT) per six months	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 12/31/25		Complete
	1/1/26 - 6/30/26		
	7/1/26 - 12/31/26		

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **TREATMENT PLANT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
Orthophosphate	<spaces> ( )	Maximum: 3.0 MG/L	2	
<b>Start Date:</b> 8/1/2021	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>	<b>Compliance Status:</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>		
	8/1/2025 - 8/31/2025			
	9/1/2025 - 9/30/2025			
	10/1/2025 - 10/31/2025			
	11/1/2025 - 11/30/2025			
	12/1/2025 - 12/31/2025			

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0949053	NEWINGTON VA MEDICAL CENTER-BUILDING 1			NTNC	110	F	SWP
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				1			

Towns Served: NEWINGTON

Water System Facility: **TREATMENT PLANT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Minimum: 1.5 MG/L	2
Start Date: 8/31/2021	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	8/1/2025 - 8/31/2025	Y	
	9/1/2025 - 9/30/2025	Y	
	10/1/2025 - 10/31/2025	Y	
	11/1/2025 - 11/30/2025	Y	
	12/1/2025 - 12/31/2025	Y	

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	1-305	BLDG 1/3RD FLOOR	A	Y	2	Y	Y
		1-311	3RD FLOOR	A	Y	2	Y	Y
		1-338	RESTROOM WAITING	A	Y	2	Y	Y
		1-340	STAFF BATH	A	Y	2	Y	Y
		1-414B	BLDG 1/4TH FLOOR	A	Y	2	Y	Y
		1-416B	1-416B	A	Y	2	Y	Y
		1-508	WOMEN'S BATH	A	Y	2	Y	Y
		1-509	BLDG 1/5TH FLOOR	A	Y	2	Y	Y
		1N-118	STAFF BATH	A	Y	2	Y	Y
		1N-169	1N-169	A	Y			
		1N-227	BATH/2ND FLOOR N	A	Y	2	Y	Y
		1N-305	1N-305	A	Y			
		1N-414A	1N-414A	A	Y			
		1S-166	BLDG 1 PO4/ZN/1FL	A	Y	2	Y	Y
		1S-169	BATH/1ST FLOOR S	A	Y	2	Y	Y
		1S-178	BLDG1 PO4/ZN	A	Y	2	Y	Y
		1S-263	WOMEN'S ROOM	A	Y	2	Y	Y
		1S-272	BLDG 1/2ND FLOOR	A	Y	2	Y	Y
		4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		IN-305	IN-305	A	Y			
		IN-414A	IN-414A	A	Y			
		IN-509	IN-509	A	Y			
		IS-272	IS-272	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0949053	NEWINGTON VA MEDICAL CENTER-BUILDING 1			NTNC	110	F	SWP
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				1			
Towns Served: NEWINGTON							

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00700	TREATMENT PLANT	3	TREATMENT PLANT	A				
58542	INTERCONNECTION - CT0640011 - MDC							

### Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 00700)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2028

### Contact Information

Name			Organization			Job Title		
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Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
950 Campbell Avenue						West Haven	CT	06516
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-932-5711	3888	203-934-4795			jennifer.bourque@va.gov			

Contact Role(s): **Administrative Contact**

Name			Organization			Job Title		
Dr. Becky D. Rhoads			Va CT Healthcare System			Executive Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
950 Campbell Avenue			M.S. 001			West Haven	CT	06516
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-932-5711	3888	203-934-4795			Becky.Rhoads@va.gov			

Contact Role(s): **Legal Contact**

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3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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***<http://www.ct.gov/dph/publicdrinkingwater>***

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0949063	NEWINGTON VA MEDICAL CENTER-BUILDING 2C			NTNC	80	F	SWP	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE			Connections		1			
Towns Served: NEWINGTON								

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per six months</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 12/31/25		Complete
	1/1/26 - 6/30/26		
	7/1/26 - 12/31/26		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSFID: 00600)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Orthophosphate	<spaces> ( )	Maximum: 3.0 MG/L	2
<b>Start Date:</b> 7/1/2018		<b>Compliance History:</b>	<b>Monitoring Compliance Status:</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		8/1/2025 - 8/31/2025	
		9/1/2025 - 9/30/2025	
		10/1/2025 - 10/31/2025	
		11/1/2025 - 11/30/2025	
		12/1/2025 - 12/31/2025	

Water System Facility: **TREATMENT PLANT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Minimum: 1.5 MG/L	2
<b>Start Date:</b> 7/6/2018		<b>Compliance History:</b>	<b>Monitoring Compliance Status:</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		8/1/2025 - 8/31/2025	Y
		9/1/2025 - 9/30/2025	Y
		10/1/2025 - 10/31/2025	Y

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0949063	NEWINGTON VA MEDICAL CENTER-BUILDING 2C			NTNC	80	F	SWP
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				1			

Towns Served: NEWINGTON

Water System Facility: **TREATMENT PLANT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Orthophosphate	Entry Point Phosphate Monitoring (PHOS)	Minimum: 1.5 MG/L	2
Start Date: 7/6/2018	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	11/1/2025 - 11/30/2025	Y	
	12/1/2025 - 12/31/2025	Y	

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Orthophosphate	<spaces> ( )	Maximum: 3.0 MG/L	2
Start Date: 7/6/2018	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	8/1/2025 - 8/31/2025		
	9/1/2025 - 9/30/2025		
	10/1/2025 - 10/31/2025		
	11/1/2025 - 11/30/2025		
	12/1/2025 - 12/31/2025		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	2C-1132	2C 2ND FLOOR/1	A	Y	2	Y	Y
		2C-1161	2C PO4/ZN	A	Y	2	Y	Y
		2C-202	BLDG #2C 2ND FL/1	A	Y	2	Y	Y
		2C-2106	2C 2ND FLOOR/3	A	Y	2	Y	Y
		2C-2109	2C 2ND FLOOR/3	A	Y	2	Y	Y
		2C-2135	BLDG #2C 2ND FL/2	A	Y	2	Y	Y
		2C-2136	2C 2ND FLOOR/2	A	Y	2		
		2C-2137	2C-2ND FLOOR/2	A	Y	2	Y	Y
		2C-3127	2C 3RD FLOOR	A	Y	2	Y	Y
		4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	TREATMENT PLANT	3	TREATMENT PLANT	A				
58542	INTERCONNECTION - CT0640011 - MDC							

### Certified Operator Information

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0949063	NEWINGTON VA MEDICAL CENTER-BUILDING 2C			NTNC	80	F	SWP
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
555 WILLARD AVE				1			
Towns Served: NEWINGTON							

### Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 00700)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2028

### Contact Information

Name				Organization			Job Title		
Ms. Jennifer A. Bourque				Va CT Healthcare System			Executive Assistant		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
950 Campbell Avenue						West Haven		CT	06516
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-932-5711		3888	203-934-4795				jennifer.bourque@va.gov		

Contact Role(s): **Administrative Contact**

Name				Organization		Job Title			
Dr. Becky D. Rhoads				Va CT Healthcare System		Executive Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
950 Campbell Avenue			M.S. 001			West Haven		CT	06516
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-932-5711		3888	203-934-4795				Becky.Rhoads@va.gov		

Contact Role(s): **Legal Contact**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.